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## Pre-Service Teacher & Mentor Clinical Experiences

### Abstract

Effective clinical experiences that pre-service teachers and pre-service teacher educators participate in are crucial for instruction to be highly effective and successful. However, the dynamics of different participating schools, mentors, instructors, and pre-service teachers add hundreds of variables to the quality of those experiences. How preservice teachers and mentors perceive those clinical experiences can help unravel those variables and provide ways to increase quality. Based on the research, one key question is foremost as a priority, namely, what are the characteristics of pre-service teacher and the mentor relationships? Further, do those relationships equate to effective clinical experiences for pre-service teachers?

## **Pre-Service Teacher & Mentor Clinical Experiences**

**Kevin L. Splichal**  
**Ft. Hays State University**

### **Abstract**

Effective clinical experiences that pre-service teachers and pre-service teacher educators participate in are crucial for instruction to be highly effective and successful. However, the dynamics of different participating schools, mentors, instructors, and pre-service teachers add hundreds of variables to the quality of those experiences. How pre-service teachers and mentors perceive those clinical experiences can help unravel those variables and provide ways to increase quality. Based on the research, one key question is foremost as a priority, namely, what are the characteristics of pre-service teacher and the mentor relationships? Further, do those relationships equate to effective clinical experiences for pre-service teachers?

**Keywords:** clinical practice, intern, mentor, pre-service teacher

### **Introduction**

Clinical based practices are in-field, on sight instructional practices of pre-service teachers (Grossman, 2010). Internship experiences include individual student instruction, group instruction, whole class instruction, lesson planning, behavior management planning and implementation, and collaborative work with the mentor teacher within the classroom environment (Kennedy & Archambault, 2012). The future direction for clinical based practices is guided by the accrediting standards. The Council for the Accreditation of Educator Preparation Standard 2 (CAEP) (2013) is insistent on evidence based outcomes that ensure candidate quality through many facets, specifically partnerships.

The Kansas Department of Education (KSDE) (2013) Professional Educator Standard 10 refers to “collegial relationships with school personnel, parents, and agencies in the larger community to support all students’ learning and well-being” (p. 64). Through the Interstate Teacher Assessment and Support Consortium (InTASC), the Council of Chief State School Officers (2011) Standards 3 and 10 refer to collaborative learning environments that encourage positive social interaction in the classroom, as well as in the community. The National

**Board for Professional Teaching Standards (NBPTS) Certification Council (2002) Proposition 5 specifically states the need for building partnerships within community groups and businesses to improve student learning (pp. 18-20).**

**These standards imply we must research, restructure, and implement new processes and practices in key areas of clinical experiences for pre-service teachers including training and expertise of clinical educators, improved communication, and high quality partnerships.**

## **Training and Expertise of Clinical Educators**

**First, identifying the importance of clinical partnerships is essential. Page, Rudney, and Marxen (2004) suggest that the role of both the mentors and the pre-service teachers were intertwined and inseparable, and that neglecting the importance of that partnership would result in the licensing of inadequate teachers. It is through this collegial relationship that true experience in teaching methods is learned. Grossman (2010) stated, “The quality of clinical experience depends heavily on the kind of coaching, supervision, and support prospective teachers receive as they develop their practice” (p. 5). In fact, Page et al. (2004) research indicates that the pre-service teacher candidate may actually display greater teachability when working with the mentor teacher rather than the university supervisor. Russell and Russell (2011) asserted, the mentoring relationship with the mentee was a two-way street in which both individuals learn as a result of the collaborative relationship.**

**Second, how the mentor teacher perceives his/her role in the clinical experience provides important insight into these relationships and how those relationships contribute to the success of the pre-service teachers. Grossman (2010) stated that because the mentor teacher exhibits a great deal of control over the learning experiences of the pre-service teacher, his/her role is a powerful indicator to the success of the pre-service teacher. Russell and Russell (2011) indicated, effective mentoring relationships are productive when built on trust, respect, communication, honesty, and patience, all of which are necessary components for productive clinical experiences.**

**Lastly, the consequences for pre-service teachers can be detrimental if the mentoring relationships are not built on the foundations discussed above. Page et al. (2004) study of pre-service teachers identified pre-service teachers who were hesitant to consider suggestions from their mentors as a result of poor relationships. Therefore, if the mentor and pre-service teacher relationship is not built on the components of trust, respect, communication, honesty, and patience, the overall effectiveness of the clinical experience is diminished. On the other**

hand, those pre-service teachers who did establish good working relationships with their mentors, who were open to suggestions regarding instruction, who were receptive to constructive criticism, and who engaged in active reflection were most successful in their clinical experiences. Grossman's (2010) study bolsters these findings through indications that the academic achievement of the students in these classrooms also improves as a result of the harmonious relationship between mentor and pre-service teacher. As a result, the successes and failures of per-service teachers in clinical practices are fortified in and through the mentor and pre-service teacher relationship.

### **High Quality Partnerships**

High quality partnerships are an integral part of effective clinical experiences for universities, partnering schools, and pre-service teachers (NBPTS Certification Council, 2002). The shape that these partnerships form is dependent upon the school and community culture which can sometimes be dramatically different from the expectations of the university. Different leadership styles of building principals, capability and dedication of teachers within the buildings, and community support can all impact the quality of these partnerships and affect student achievement. What is clear, however, is that partnerships must be established and maintained in order for high quality clinical experiences to take root. Howey and Zimpher (2010) specify, "the quality of a school as an entity, its organization, culture, and climate, is directly related to the vision and leadership provided by the district and lead anchor institution" (p. 10). The hierarchical relationship between district and institution can provide much needed direction and vision for partnering schools (Howey and Zimpher, 2010). This can only take root, however, if there is a shared responsibility toward student achievement. Howey and Zimpher (2010) assert, "collective pride trumps apathy or assigning blame every time" (p. 17).

### **Intern and Mentor Surveys**

The purpose of this research was to gather data from pre-service teachers and mentors in a rural Kansas university clinical practice experience. One key question was foremost as a priority, namely, what were the characteristics of pre-service teacher and the mentor teacher relationships? Further, did those relationships equate to effective clinical experiences for pre-service teachers?

#### **Pre-Service Teacher Results**

The completed sample was 112 out of 183 equaling a response rate of 61.20% for pre-service teachers. In relation to the mentors' interaction through daily and weekly communication with the intern about teaching methods, student needs, lesson design, and general teaching practices, intern responses were indeed positive. Daily interaction through open communication about teaching methods was the most positive relationship characteristic according to 41% of the 112 respondents in the survey. These candid, open, and informal discussions had the most positive impact throughout the internship experiences.

While the above results were in regard to general communication between interns and mentors about teaching methods, the percentages of interaction pertaining to lesson design was weaker however. Only 15% of interns reported daily interaction with the mentor regarding instructional lessons. This is significant because lesson design methods are indeed a major component of daily teacher practices and are highly emphasized in pre-service teacher education courses at the university level.

Lastly, respondents reported only 16% of lessons were delivered through co-teaching with the mentor while rates of 91% were in regard to answering individual student questions on a regular basis. What this reveals was that only 18 of 112 interns were engaged with the mentor teacher during instruction. Interns were simply observing, listening, and answering individual student questions rather than assuming the role of a teacher within the classrooms, which was contradictory to the pre-service teacher instruction at the university level.

## **Mentor Results**

The findings in the mentor survey were also significant with 126 out of 168 equaling a response rate of 75%. First, only 11% of mentors said that their intern interacted with them on a daily basis in regard to lesson planning. This is significant because if mentors are not discussing lesson design and strategies with interns, and interns are not actively seeking advice in regard to lesson design and strategies, then knowledge in those areas is not being nurtured. Interns, who received a great deal of instruction in regard to lesson design in their pre-service teacher education program courses, must be encouraged to put that knowledge into practice in the field. Further, mentors reported only 30% daily interaction with interns about general teaching related issues.

The most revealing statistic of the mentor survey was the 61% of respondents who said that their interns were answering individual student questions on a daily basis. While this is a positive aspect of an intern's

experience, it is not the primary goal of clinical practice for pre-service teachers and therefore, could be interpreted as more important than lesson design and planning of instruction. On the other hand, interns could be viewing the one on one interaction with students as a more beneficial experience than whole room instruction. More research in this area could reveal a positive correlation between this one on one interaction with students and the overall benefit of the internship experience for the pre-service teacher.

## Conclusion

In this study, the relationship between mentor teachers and pre-service teachers was investigated through a survey distributed to interns and mentors in a clinical experience program at a rural Kansas university. The findings fortify what the literature suggested, namely that the success of clinical experiences is largely dependent upon the relationship that the mentor teacher creates with the intern through established partnerships. Unless more emphasis is placed on the mentor and intern relationship, as well as training for mentors and university supervisors, this problematic situation is not likely to improve. While the university pre-service programs desire increased focus in these areas, that message is not being effectively relayed to participating schools and mentors.

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